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WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD. IN CASE OF MORE THAN ONE CHILD AT A BIRTH, A SEPARATE RETURN MUST BE MADE FOR EACH CHILD IN ORDER OF BIRTH STATED.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Pima</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>148</u>
District of _____		ORIGINAL CERTIFICATE OF BIRTH	County Registrar No. <u>612</u>
Town of _____			Local Registrar No. _____
or <u>Miami</u>		No. <u>3206 Loomis Ave.</u>	St. _____ Ward _____
City of <u>Miami</u>		(If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2. Full name of child <u>Manuel Holguin</u>			If child is not yet named, make supplemental report, as directed.
3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>
		5. No., in order of birth _____	7. Date of birth <u>Sept 22 1923</u>
			Month Day Year
8. FATHER		14. MOTHER	
Full name <u>Paolo Holguin</u>		Full maiden name <u>Delphina Questas</u>	
9. Residence (Usual place of abode) <u>Miami Arizona</u>		15. Residence (Usual place of abode) <u>Miami Arizona</u>	
If nonresident, give place and state		If nonresident, give place and state	
16. Color or race <u>Mexican</u>	11. Age at last birthday <u>29</u> (Years)	16. Color or race <u>Mexican</u>	17. Age at last birthday <u>38</u> (Years)
12. Birthplace (city or place) <u>Mexico</u>	(State or country)	18. Birthplace (city or place) <u>Mexico</u>	(State or country)
13. Occupation <u>Miner</u>	Nature of industry	19. Occupation <u>Housewife</u>	Nature of industry
20. Number of children of this mother _____	(a) Born alive and now living <u>3</u>	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	
(Taken as of time of birth of child herein certified and including this child.)	(b) Born alive but now dead <u>None</u>		
	(c) Stillborn _____		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was _____ at _____ p.m. on the date above stated.			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>C. J. Jotef m.w.</u>	
		(Physician or midwife)	
		Address <u>Miami Arizona</u>	
Given name added from _____		C. E. Jotef	
a supplemental report. _____		Local Registrar.	
Month, day, year. _____		County Registrar.	
Registrar. _____		Filed <u>Sept 30</u> 19 <u>23</u>	
		Filed <u>10-5</u> 19 <u>23</u>	

485-922-432